



09-29-03

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TECH CENTER 1600/290

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66797-132 (P-IX 5066)	
SERIAL NO: 9/997,209	FILING DATE: 11/28/2001	EXAMINER: T. Wessendorf	GROUP ART UNIT: 1639 CONFIRMATION NO.: 3759	
INVENTION: EUKARYOTIC EXPRESSION LIBRARIES AND METHODS OF USE				

#1312
11/23/

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EL 985982536 US
DATE OF DEPOSIT: September 25, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

REBECCA CLIFFORD
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)
Rebecca Clifford
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed
March 25, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been
established under 37 CFR 1.27.
- ☒ Petition for Three-Month Extension of Time is enclosed
(in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED


	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTH ENT
TOTAL CLAIMS	43	-	40	-	3	x	\$9	\$18	=	\$27.00 \$
INDEPEN- DENT CLAIMS	5	-	5	-	0	x	\$42	\$84	=	\$0.00 \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		X NO		\$140	\$280	=	\$0.00 \$
							TOTAL ADDITIONAL FEE			\$27.00 \$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in
this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: William D. Huse
Serial No.: 09/997,209
Filed: November 28, 2001
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- X Please charge my Deposit Account No. 502624 the amount of \$492.00, \$465.00 of which covers the fee for a three-month extension of time and \$27.00 for the additional claims fee. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena
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